



Effective Health Care

Cancer Screening for Nursing Home Residents Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Cancer screening in nursing homes was found to be addressed by the U.S. Preventive Services Task Force (USPSTF) guidelines on 1) screening for lung cancer, 2) screening for colorectal cancer: parts 1 and 2, and 3) screening for prostate cancer. Each guideline has a corresponding AHRQ evidence review listed below. Given that the existing reports cover this nomination, no further activity will be undertaken on this topic.
 - Humphrey LL, Johnson M, Teutsch S. Lung Cancer Screening: An Update for the U.S. Preventive Services Task Force. Systematic Evidence Review No. 31 (Prepared by the Oregon Health & Science University Evidence-based Practice Center under Contract No. 290-97-0018). Rockville, MD: Agency for Healthcare Research and Quality. May 2004.
<http://www.ahrq.gov/downloads/pub/prevent/pdfser/lungcancer.pdf>
 - Whitlock, EP, Lin J, Liles E, Beil T, Fu R, O'Connor E, Thompson RN, Cardenas T. Screening for Colorectal Cancer: An Updated Systematic Review. Evidence Synthesis No. 65, Part 1. AHRQ Publication No. 08-05124-EF-1. Rockville, Maryland, Agency for Healthcare Research and Quality. October 2008
<http://www.ahrq.gov/clinic/uspstf08/colocancer/colcanes1.pdf>
 - Zauber AG, Lansdorp-Vogelaar I, Knudsen AB, Wilschut J, van Ballegooijen M, Kuntz KM. Evaluating Test Strategies for Colorectal Cancer Screening—Age to Begin, Age to Stop, and Timing of Screening Intervals: A Decision Analysis of Colorectal Cancer Screening for the U.S. Preventive Services Task Force from the Cancer Intervention and Surveillance Modeling Network (CISNET). Evidence Synthesis No. 65, Part 2. AHRQ Publication No. 08-05124-EF-2. Rockville, Maryland, Agency for Healthcare Research and Quality. March 2009
<http://www.ahrq.gov/clinic/uspstf08/colocancer/colcanes2.pdf>
 - Lin K, Lipsitz R, Miller T, Janakiraman S. Benefits and Harms of Prostate-Specific Cancer Screening: An Evidence Update for the U.S. Preventive Services Task Force. Evidence Synthesis No. 63. AHRQ Publication No. 08-05121-EF-1. Rockville, Maryland: Agency for Healthcare Research and Quality. August 2008
<http://www.ahrq.gov/clinic/uspstf08/prostate/prostatees.pdf>

Topic Description

Nominator: Individual

Nomination The nominator questions the potential benefits and harms of prostate, colorectal, and

Summary: lung cancer screening for nursing home residents.

Population(s): Nursing home residents

Intervention(s): Prostate, colorectal, and lung cancer screening

Comparator(s): No cancer screening

Outcome(s): Improved survival and rates of false positives

Key Question from Nominator: 1. Does prostate, colorectal, and lung cancer screening for nursing home residents have any validity?

Considerations

- This topic was found to be addressed by four AHRQ reports.
 - An existing report titled *Lung Cancer Screening: An Update for the U.S. Preventive Services Task Force*. This review discusses studies of chest x-ray, sputum cytology, and low-dose computerized tomography (CT) for lung cancer screening and focuses on the outcomes of screening. No key questions are included in the report.
 - An existing report titled *Screening for Colorectal Cancer: An Updated Systematic Review*. Key questions from the report include:
 1. What is the effectiveness of the following screening methods (alone or in combination) in reducing mortality from colorectal cancer: flexible sigmoidoscopy (FS), colonoscopy, CT colonography (CTC), fecal screening tests?
 2. a. What are the sensitivity and specificity of (1) colonoscopy, and (2) flexible sigmoidoscopy (FS) when used to screen for CRC in the community practice setting?
b. What are the test performance characteristics of (1) CT colonography (CTC) and (2) fecal screening tests (e.g., high-sensitivity guaiac fecal occult blood testing (HS-FOBT), fecal immunological test (FIT), or fecal DNA tests) for CRC screening as compared to an acceptable reference standard?
 3. a. What are age-specific rates of harm from colonoscopy and flexible sigmoidoscopy in the community practice setting?
b. What are the adverse effects of CT colonography (CTC) and/or fecal screening tests (high sensitivity fecal occult blood test (HS-FOBT), fecal immunochemical tests (FIT), and fecal DNA)?
 - An existing report titled *Evaluating Test Strategies for Colorectal Cancer Screening—Age to Begin, Age to Stop, and Timing of Screening Intervals: A Decision Analysis of Colorectal Cancer Screening for the U.S. Preventive Services Task Force from the Cancer Intervention and Surveillance Modeling Network (CISNET)*. This review uses two simulation models to estimate the life-years gained relative to no screening and the colonoscopies required for different colorectal cancer screening strategies defined by test, age to begin screening, age to stop screening, and screening interval. No key questions are included in the report.
 - An existing report titled *Benefits and Harms of Prostate-Specific Cancer Screening: An Evidence Update for the U.S. Preventive Services Task Force*. Key questions from the report include:

1. Does screening for prostate cancer with PSA, as a single-threshold test or as a function of multiple tests over time, decrease morbidity or mortality?
 2. What are the magnitude and nature of harms associated with prostate cancer screening other than overtreatment?
 3. What is the natural history of PSA-detected, nonpalpable, localized prostate cancer?
- Consideration was given to the unique population of patients in nursing homes of interest to the nominator. It was determined that the population of interest would be represented by the elderly subgroups and consideration of comorbidities and life expectancies of populations studied in the USPSTF work.